



1996

PARENT EDUCATION/ ORIENTATION FEEDBACK

- This information is confidential
- Thank you for your help

1. Today's date: ____ / ____ / ____

2. What is your relationship to the child(ren)?

- ☐ 1 Mother ☐ 2 Father ☐ 3 Other (*Please describe*)

3. When are you scheduled for a session?

- ☐ 1 Immediately after this parent education/orientation session
☐ 2 Within 1 week
☐ 3 In next 1-3 weeks
☐ 4 Not scheduled
☐ 5 Don't know

4. Which of the following was a part of the Parent Education/Orientation session you just attended.

(Please check all that apply)

- ☐ 1 Video ⇒ How many? ____
☐ 1 In-person speaker
☐ 1 Brochure
☐ 1 Other written information
☐ 1 Discussion
☐ 1 Question and answer session
☐ 1 Workshop

5. How helpful do you feel this session was?

Not at all

Helpful

1

2

3

4

5

6

7

8

9

10

Very

Helpful

6. What topic areas were particularly helpful? (*Please check all that apply.*)

- ☐ 1 Legal terms about custody
☐ 1 Parenting plans
☐ 1 Mediation
☐ 1 What children need
☐ 1 Getting along as parents
☐ 1 The court process
☐ 1 Adjusting to separation or divorce

7. What other topic areas would you find helpful? (*Please be as specific as possible about what you feel you need. Use the back of this form if you need more space.*)

